

**Fill in this information to identify the case:**

Debtor name Worksite Labs, Inc., a Delaware corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES  
DIVISION

Case number (if known) 2:23-bk-14539-VZ

☐ Check if this is an  
amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

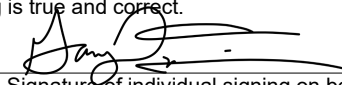
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 16, 2023

X

  
Signature of individual signing on behalf of debtor

**Gary Frazier**  
Printed name

**Chief Executive Officer**  
Position or relationship to debtor

**United States Bankruptcy Court  
Central District of California - Los Angeles Division**

In re **Worksite Labs, Inc., a Delaware corporation**

Debtor(s)

Case No. **2:23-bk-14539-VZ**  
Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**See Attachment**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Chief Executive Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **August 16, 2023**

Signature



**Gary Frazier**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

<b>Name</b>	<b>Outstanding Ownership</b>
Aaron Pogue	.000%
Adisa Cartwright	.000%
Adit Parasuram	.000%
Alexandra Stack	.000%
Alexis Middleton	.000%
Andres Echeandia	.000%
Andrew Williams	.000%
Anthony Horgan	.333%
Antonio Khalife	.000%
Benjamin Curtis-Ozolins	.000%
Bill Foulkes	.532%
Brittney Smith	.000%
Caitlin McNichol	.000%
Christine Hsu-Nazzal	.000%
Christopher Reeves	.000%
Craig Beam	38.787%
Daiane Lima Silva	.000%
Dana Webster	.000%
Daniela Rizo-Martinez	.000%
Donald Johnson	.000%
Elijah Frazier	.000%
Elmer Chua Sr.	.000%
Emily Pollard	.000%
Enrique Ubiadas	.000%
Erica Murriel	.000%
Gary Frazier	38.787%
Gena Anderson	.000%
Jack Sahagian	.333%
Jacqueline Araujo	.000%
James Beam	.000%
Jaquette Di Maggio	.000%
Jeanette Quintana	.000%

Jennifer Artero	.000%
Jeremy Jones	.000%
Jocelyn Nagy	.000%
Johan Peter Swaniker	6.759%
Jon Yipp	.000%
Kalina Flores	.000%
Kaneshia Murphy	.000%
Karnesha Laws	.000%
Konsortium LLC	7.080%
Lauren Lang	.000%
Lily Flor Purganan	.000%
Lindsay Williams	.000%
Lisa Jensen- Long	6.786%
Marie Willingham	.000%
Mario Jones	.000%
Maurice Shaw	.000%
Mayur Upparapalli	.000%
Melecio Ernestine	.000%
Michael Jones	.000%
Michael Maguire	.000%
Minuan Mack	.000%
Nakia Guillory-Flores	.000%
Natasha Dunsmoor	.000%
Nicholas Beard	.000%
Noah Pineda	.000%
Philip and Mary Stump Family Trust dated May	.603%
Rachel Roberts	.000%
Rennwick Ingram	.000%
Ryan Nicaragua	.000%
Samantha Hughley	.000%
Sarah Carreon	.000%
Shelton Bechnel	.000%
Tahi Auwae-Kimura	.000%
Taylor Gurney	.000%
Victor Comaianni	.000%
<b>Total Shares outstanding</b>	<b>100.000%</b>

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DIVISIONCase number (if known) **2:23-bk-14539-VZ**☐ Check if this is an  
amended filingOfficial Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

## Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**  
Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**  
Copy line 91A from *Schedule A/B*..... \$ **11,756,902.77**

1c. **Total of all property:**  
Copy line 92 from *Schedule A/B*..... \$ **11,756,902.77**

## Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)  
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **3,500,000.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**  
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**  
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **3,898,516.41**

4. **Total liabilities** .....  
Lines 2 + 3a + 3b \$ **7,398,516.41**

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DIVISION**Case number (if known) **2:23-bk-14539-VZ**☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: **Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

## All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account  
number3.1. **First Republic Bank** **Checking** **5201** **\$810.00**3.2. **Bank of Hawaii** **Checking**  **\$9,885.05**3.3. **First Republic Bank** **Checking** **0930** **\$11,982.53**3.4. **First Republic Bank** **Checking** **2928** **\$1,732.19**3.5. **First Republic Bank** **Checking** **5972** **\$0.00**3.6. **First Republic Bank** **Checking** **5733** **\$0.00**4. **Other cash equivalents (Identify all)**

Debtor Worksite Labs, Inc., a Delaware corporation  
NameCase number (If known) 2:23-bk-14539-VZ5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$24,409.77****Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 5,469,676.00 - 0.00 = .... \$5,469,676.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$5,469,676.00****Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	<b>Inventory</b>		<b>\$0.00</b>		<b>\$372,252.00</b>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

**\$372,252.00**24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

Debtor Worksite Labs, Inc., a Delaware corporation  
NameCase number (If known) 2:23-bk-14539-VZ

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☒ No. Go to Part 8.☐ Yes Fill in the information below.**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	2021 Hyundai Santa Fe (leased vehicle)	\$0.00		Unknown
47.2.	2020 Honda CR-V (leased vehicle)	\$0.00		Unknown
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>				
48.1.	Converted Trailers for Medical Testing	\$0.00		Unknown
49. Aircraft and accessories				
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)				
	Furnishings, fixtures and equipment	\$0.00		\$1,890,565.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

**\$1,890,565.00**

52. Is a depreciation schedule available for any of the property listed in Part 8?

☒ No☐ Yes



Debtor Worksite Labs, Inc., a Delaware corporation  
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53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☒ No☐ Yes**Part 9: Real property**

54. Does the debtor own or lease any real property?

☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

**Claims against Medical Practice  
Partner LLC - failure to bill and  
collect for services rendered**

<u>4,000,000.00</u>	-	<u>0.00</u>	=
Total face amount		doubtful or uncollectible amount	

\$4,000,000.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit  
has been filed)75. Other contingent and unliquidated claims or causes of action of  
every nature, including counterclaims of the debtor and rights to  
set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets,  
country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$4,000,000.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No☐ Yes

Debtor Worksite Labs, Inc., a Delaware corporation  
NameCase number (If known) 2:23-bk-14539-VZ**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$24,409.77</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$5,469,676.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$372,252.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$1,890,565.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$4,000,000.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$11,756,902.77</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$11,756,902.77</u>

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## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>AB Lending SPV I LLC,</b> Creditor's Name <b>dba Mountain Ridge Capital</b> <b>405 Lexington Ave, 59th Flr</b> <b>New York, NY 10174</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>1/30/2023</b> Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Substantially all assets of Debtor</b>  Describe the lien <b>First priority lien</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,800,000.00</b> <b>\$7,747,493.00</b>

<b>2.2</b>	<b>Alliance Funding Group</b> Creditor's Name <b>c/o K. Peters, Dressler</b> <b>Peters LLC</b> <b>101 W. Grand Ave, Ste 404</b> <b>Chicago, IL 60654</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number	Describe debtor's property that is subject to a lien <b>Property subject to a lien: Debtor's 2 vehicles and processing modules</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$0.00</b> <b>Unknown</b>
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Debtor **Worksite Labs, Inc., a Delaware corporation**

Case number (if known)

**2:23-bk-14539-VZ**

Name

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 LendSpark Corporation**

Creditor's Name

**2554 Gateway Rd  
Carlsbad, CA 92009**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****5/10/2023****Last 4 digits of account number****3239****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**substantially all assets of Debtor****\$1,700,000.00****\$7,747,493.00****Describe the lien****Second priority security interest****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$3,500,000.00****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**CT Corporation Systems  
330 N. Brand Blvd.  
Suite 700, Attn: SPRS  
Glendale, CA 91203**

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Line **2.3**

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## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

## 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

## 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Employment Development Department Bankruptcy Group MIC 92E P.O. Box 826880 Sacramento, CA 94280-0001</b> Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Notice</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b> <b>\$0.00</b>
2.2	Priority creditor's name and mailing address <b>Franchise Tax Board Special Procedures POB 2952 Sacramento, CA 95812</b> Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Notice</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b> <b>\$0.00</b>

Debtor	<b>Worksite Labs, Inc., a Delaware corporation</b>	Case number (if known)	<b>2:23-bk-14539-VZ</b>
Name			
2.3	Priority creditor's name and mailing address <b>Internal Revenue Service Insolvency I Stop 5022 300 N. Los Angeles St., #4062 Los Angeles, CA 90012-9903</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Notice</b>	
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>Abbott Laboratories Inc POBox 92679 Chicago, IL 60675-2679</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$195,307.24</b>
3.2	Nonpriority creditor's name and mailing address <b>Amazon Capital Services PO Box 035184 Seattle, WA 98124-5184</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$0.00</b>
3.3	Nonpriority creditor's name and mailing address <b>American Express P.O. Box 981535 El Paso, TX 75265-0448</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$280,940.51</b>
3.4	Nonpriority creditor's name and mailing address <b>Analie Agsoy 19-A Sunrise Apt, 172 Sunrise St Tamuning, HI 96913</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$0.00</b>
3.5	Nonpriority creditor's name and mailing address <b>Anisha Vasquez-Ogbor 6210 Avon Landing Lane Spring, TX 77379</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$0.00</b>

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3.6	Nonpriority creditor's name and mailing address <b>Artel Inc.</b> <b>25 Bradley Drive</b> <b>Westbrook, ME 04092</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.7	Nonpriority creditor's name and mailing address <b>Atila Biosystems</b> <b>740 Sierra Vista Avenue</b> <b>Mountain View, CA 94043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.8	Nonpriority creditor's name and mailing address <b>Augustin Rojas</b> <b>115 Red Rock Road</b> <b>Red Rock, TX 78662</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.9	Nonpriority creditor's name and mailing address <b>BairesDev</b> <b>800 W. El Camino Real, Suite 180</b> <b>Mountain View, CA 94040</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$309,368.06</b>
3.10	Nonpriority creditor's name and mailing address <b>Barnett Medical Services Inc</b> <b>2346 Tripaldi Way</b> <b>Hayward, CA 94545</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.11	Nonpriority creditor's name and mailing address <b>Basic</b> <b>PO Box 88297</b> <b>Milwaukee, WI 53288</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.12	Nonpriority creditor's name and mailing address <b>Bass Medical Group</b> <b>2637 Shadelands Drive</b> <b>Walnut Creek, CA 94598</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Beam &amp; Associates</b> <b>787 N Lincoln St</b> <b>Orange, CA 92867</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86,630.62</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Beckman Coulter Inc.</b> <b>Dept. CH 10164</b> <b>Palatine, IL 60055-0164</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Beside and Beyond</b> <b>2627 Salem Crossing</b> <b>Tucker, GA 30084</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Bio-Rad Laboratories</b> <b>1000 Alfred Nobel Drive</b> <b>Hercules, CA 94547</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Bird Rock Systems, Inc</b> <b>PO Box 743175</b> <b>Los Angeles, CA 90074-3175</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Boren Osher &amp; Luftman LLP</b> <b>222 North Pacific Coast Highway</b> <b>Suite 2222</b> <b>El Segundo, CA 90245</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Carlson &amp; Jayakumar LLP</b> <b>2424 Southeast Bristol Street</b> <b>Suite 300</b> <b>Newport Beach, CA 92660</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Ceino Technologies Inc.</b> <b>8407 Central Ave</b> <b>Ste 2063</b> <b>Newark, CA 94560</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>CG Capital Co</b> <b>309 East Paces Ferry Rd NE</b> <b>Suite 400</b> <b>Atlanta, GA 30305</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Cobalt Equipment Inc</b> <b>PO Box 2231</b> <b>Dublin, CA 94568</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Cole-Palmer Instrument Company</b> <b>13927 Collections Center Dr</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>College of American Pathologists</b> <b>PO Box 71698</b> <b>Chicago, IL 60694-1698</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Content Trip Solutions SL</b> <b>Calle Antonio Maura, 10 4a</b> <b>Madrid</b> <b>Spain</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Core Tech Development, LLC</b> <b>139 Summerville Dr. Apt. 101</b> <b>Tamuning Guam, HI 96913</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Dialpad, Inc</b> <b>Dept 3808</b> <b>Dallas, TX 75312-3808</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>			
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Diamond Environmental Services, LP</b> <b>807 E. Mission Road</b> <b>San Marcos, CA 92069</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>			
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Dotted Line Collaborations</b> <b>8000 Franklin Farms Dr</b> <b>Ste 100</b> <b>Henrico, VA 23229</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$139,044.00</b>
<hr/>			
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>DrChrono Inc</b> <b>328 Gibraltar Drive</b> <b>Sunnyvale, CA 94089</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>			
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Enterprise Holdings, Inc</b> <b>PO Box 402383</b> <b>Atlanta, GA 30384-2383</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>			
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>ENV Services, Inc</b> <b>2880 Bergey Road, Suite K</b> <b>Hatfield, PA 19440</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>			
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Ernestine Marie Melecio</b> <b>133 Sali Ct</b> <b>Yigo 96929</b> <b>Guam</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Etchandy Industrial Complex I, LLC</b> <b>1241 North Lakeview Avenue</b> <b>Suite F</b> <b>Anaheim, CA 92807</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Eventus Advisory Group</b> <b>14201 N. Hayden Road</b> <b>Ste A-1</b> <b>Scottsdale, AZ 85260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Fast Signs of Long Beach</b> <b>3395 Long Beach Boulevard</b> <b>Long Beach, CA 90807</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Find Your Info Corp</b> <b>407 Morning Lane</b> <b>Redwood City, CA 94065</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>FIRST Insurance Funding</b> <b>PO Box 7000</b> <b>Carol Stream, IL 60197-7000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>General Water Technologies, Inc.</b> <b>900 N 400 W</b> <b>Ste 11</b> <b>North Salt Lake, UT 84054</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Generators Unlimited, Inc</b> <b>285 Industrial Way</b> <b>Brisbane, CA 94005-1009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.41	Nonpriority creditor's name and mailing address <b>Grainger</b> <b>Dept 887546804</b> <b>Palatine, IL 60038-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.42	Nonpriority creditor's name and mailing address <b>Greenberg Traurig</b> <b>401 E Las Olas Blvd</b> <b>Ste 2000</b> <b>Ft Lauderdale, FL 33301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,625.50</b>
3.43	Nonpriority creditor's name and mailing address <b>Greenberg Traurig LLP</b> <b>8400 NW 36TH STREET</b> <b>SUITE 400</b> <b>DORAL, FL 33166</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.44	Nonpriority creditor's name and mailing address <b>Gregory Hassell</b> <b>9305 Hartman Way</b> <b>West Hills, CA 91304</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.45	Nonpriority creditor's name and mailing address <b>Guam Regional Medical City</b> <b>133 3, Dededo</b> <b>Yigo, GU 96929</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.46	Nonpriority creditor's name and mailing address <b>Gundry Partners</b> <b>17434 Bellflower Blvd</b> <b>Ste 300</b> <b>Bellflower, CA 90706</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.47	Nonpriority creditor's name and mailing address <b>Hanna Construction</b> <b>1203 W Shelly Ct</b> <b>Orange, CA 92868-1240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$91,973.00</b>

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3.48	Nonpriority creditor's name and mailing address <b>Happeo Oy</b> <b>Fredrikinkatu 48, 6th Fl</b> <b>Helsinki</b> <b>Finland</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.49	Nonpriority creditor's name and mailing address <b>HL7 Soup</b> <b>113 Beach Road</b> <b>Castor Bay</b> <b>New Zealand</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.50	Nonpriority creditor's name and mailing address <b>Hub International Insurance Services</b> <b>9855 Scranton Road</b> <b>Suite 100</b> <b>San Diego, CA 92121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.51	Nonpriority creditor's name and mailing address <b>Hubspot Inc.</b> <b>2 Canal Park</b> <b>Cambridge, MA 02141</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.52	Nonpriority creditor's name and mailing address <b>Hybridge</b> <b>PO BOX 101478</b> <b>PASADENA, CA 91189-0005</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.53	Nonpriority creditor's name and mailing address <b>Jennifer Artero</b> <b>232 Redondo De Francisco Street</b> <b>Tamuning 96931</b> <b>Guam</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.54	Nonpriority creditor's name and mailing address <b>Joanna De Vera</b> <b>175 Chalan Acho Nonnak Macheche</b> <b>Dededo 96929</b> <b>Guam</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Worksite Labs, Inc., a Delaware corporation</b>	Case number (if known)	<b>2:23-bk-14539-VZ</b>
Name			
3.55	Nonpriority creditor's name and mailing address <b>Joe Fieck</b> <b>11448 Caminito Corriente</b> <b>San Diego, CA 92128</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.56	Nonpriority creditor's name and mailing address <b>Kayla Zmary</b> <b>4334 East Prickly Pear Trail</b> <b>Phoenix, AZ 85050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.57	Nonpriority creditor's name and mailing address <b>Keiry Rosa</b> <b>23941 SW 117TH CT</b> <b>HOMESTEAD, FL 33032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.58	Nonpriority creditor's name and mailing address <b>Konnected Integrations DBA Trypticom Tec</b> <b>9191 Bolsa Ave</b> <b>Ste 206</b> <b>Westminster, CA 92683</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.59	Nonpriority creditor's name and mailing address <b>Labcorp</b> <b>POBox 12140</b> <b>Burlington, NC 27216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$143,615.62</b>
3.60	Nonpriority creditor's name and mailing address <b>Laboratory Corporation of America</b> <b>1225 Jay Lane</b> <b>Graham, NC 27253</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.61	Nonpriority creditor's name and mailing address <b>Laguna Heights Marketplace LLC</b> <b>130 Vantis, Suite 200</b> <b>Aliso Viejo, CA 92656</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	Worksite Labs, Inc., a Delaware corporation	Case number (if known)	2:23-bk-14539-VZ
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Lara Dalinsky</b> <b>Unit 3240</b> <b>#21</b> <b>DPO, AA 34021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Leonel Anthony Valencia</b> <b>P.O. Box 7376</b> <b>Tamuning 96931</b> <b>Guam</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Life Technologies Corporation</b> <b>12088 Collections Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,707.36</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Lock &amp; Leave Storage</b> <b>550 Richfield Road</b> <b>Placentia, CA 92870</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Lumira DX</b> <b>221 Crescent St</b> <b>Watham, MA 02453</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$333,648.00</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>M &amp; N Consulting Inc.</b> <b>21358 Nordhoff St</b> <b>Suite 105</b> <b>Chatsworth, CA 91311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>M Dekmezian MD, PLLC</b> <b>407 E 25th St</b> <b>Houston, TX 77008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Worksite Labs, Inc., a Delaware corporation</b>	Case number (if known)	<b>2:23-bk-14539-VZ</b>
Name			
3.69	Nonpriority creditor's name and mailing address <b>Madhu Augustine</b> <b>4867 Phelan Avenue</b> <b>Fremont, CA 94538</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.70	Nonpriority creditor's name and mailing address <b>Market Research &amp; Development</b> <b>20 Baki CT.</b> <b>Yigo 96929</b> <b>Guam</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.71	Nonpriority creditor's name and mailing address <b>MCA Property Management Inc</b> <b>1750 East Deere Avenue</b> <b>FI 2</b> <b>Santa Ana, CA 92705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.72	Nonpriority creditor's name and mailing address <b>McKesson Medical Surgical</b> <b>9954 Maryland Dr</b> <b>Ste 4000</b> <b>Henrico, VA 23233</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$367,143.73</b>
3.73	Nonpriority creditor's name and mailing address <b>Meagan Kidd</b> <b>PMB 811 551 Route 10 Apt. 101</b> <b>Mangilao 96913</b> <b>Guam</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.74	Nonpriority creditor's name and mailing address <b>Medcare MSO LLC</b> <b>1000 Cordova Place</b> <b>Ste 206</b> <b>Santa Fe, NM 87505</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.75	Nonpriority creditor's name and mailing address <b>Medical Practice Partner LLC</b> <b>PO Box 2877</b> <b>Riverview, FL 33568-2877</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



Debtor	Name	Case number (if known)	2:23-bk-14539-VZ
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Medline Industries, LP</b> <b>3 Lakes Dr</b> <b>Northfield, IL 60093</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Medtrainer</b> <b>PO Box 31001-3416</b> <b>Pasadena, CA 91110-3416</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Mercury Insurance</b> <b>PO Box 5600</b> <b>Rancho Cucamonga, CA 91729-5600</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Mettler Toledo Rainin, LLC</b> <b>7500 Edgewater Drive</b> <b>Box 2160</b> <b>Oakland, CA 94621-3027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Mignon Tuazon</b> <b>238 Ababang Loop</b> <b>Yigo 96929</b> <b>Guam</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Mindful Financial LTD</b> <b>517 Central Ave</b> <b>Albuquerque, CO 87102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>MMA Securities LLC</b> <b>1166 Ave of the Americas</b> <b>New York, NY 10036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	Worksite Labs, Inc., a Delaware corporation	Case number (if known)	2:23-bk-14539-VZ
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Mobile Fuse LLC</b> <b>25 East 21st Street</b> <b>10th Floor</b> <b>New York, NY 10010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Modern Mail Service, Inc</b> <b>750 4th st</b> <b>oakland, CA 94607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Mohamad Alsabban</b> <b>POBox 24905</b> <b>Barrigada 96921</b> <b>Guam</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Mountain Ridge</b> <b>6801 Gaylord Pkwy</b> <b>Ste 202</b> <b>Frisco, TX 75034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Naor Ventura</b> <b>4009 Sabio Drive</b> <b>Apt 245</b> <b>Austin, TX 78749</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>NextGen Healthcare</b> <b>18111 Van Karman Ave</b> <b>Ste 600</b> <b>Irvine, CA 92612</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Nobility Logistics, Inc</b> <b>2913 Wilderness Boulevard West</b> <b>Parrish, FL 34219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Worksite Labs, Inc., a Delaware corporation</b>	Case number (if known)	<b>2:23-bk-14539-VZ</b>
Name			
3.90	Nonpriority creditor's name and mailing address <b>NV Energy South</b> <b>P.O. Box 30150</b> <b>Reno, NV 89520</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.91	Nonpriority creditor's name and mailing address <b>Olsennet Solutions</b> <b>1205 Dutch Mill Dr</b> <b>Danville, CA 94526</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.92	Nonpriority creditor's name and mailing address <b>OM Healthcare, Inc.</b> <b>3777 LONG BEACH BLVD</b> <b>Ste 260</b> <b>Long Beach, CA 90807</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.93	Nonpriority creditor's name and mailing address <b>Oracle America Inc.</b> <b>15612 Collections Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.94	Nonpriority creditor's name and mailing address <b>Orchard Software</b> <b>701 Congressional Blvd</b> <b>Ste 360</b> <b>Carmel, IN 46032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$335,047.48</b>
3.95	Nonpriority creditor's name and mailing address <b>Pacific Companies Inc</b> <b>9821 Irvine Center Drive</b> <b>Irvine, CA 92618</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.96	Nonpriority creditor's name and mailing address <b>Payless Markets, Inc.</b> <b>116 W Chalan Santo Papa</b> <b>Hagatna 96910</b> <b>Guam</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Worksite Labs, Inc., a Delaware corporation</b>	Case number (if known)	<b>2:23-bk-14539-VZ</b>
Name			
3.97	Nonpriority creditor's name and mailing address <b>Power Trip Rentals, LLC.</b> <b>2501 Orange Ave.</b> <b>Signal Hill, CA 90775</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.98	Nonpriority creditor's name and mailing address <b>Premier Plan Consultants, Inc</b> <b>6215 Ferris Square</b> <b>Suite 125</b> <b>San Diego, CA 92121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.99	Nonpriority creditor's name and mailing address <b>Premier Wireless Solutions LLC</b> <b>88 Bonaventura Drive</b> <b>San Jose, CA 95134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.100	Nonpriority creditor's name and mailing address <b>pVerify, Inc.</b> <b>2522 Chambers Rd Ste 201</b> <b>Tustin, CA 92780</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.101	Nonpriority creditor's name and mailing address <b>Randstad Healthcare</b> <b>3625 Cumberland Blvd</b> <b>Suite 300</b> <b>Atlanta, GA 30339</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$309,601.70</b>
3.102	Nonpriority creditor's name and mailing address <b>Rapid Acceleration Partners, Inc.</b> <b>2251 Longview Rd</b> <b>Irving, TX 75063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$334,440.00</b>
3.103	Nonpriority creditor's name and mailing address <b>Rebuild California Alliance</b> <b>7722 Avalon Blvd</b> <b>Los Angeles, CA 90003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$143,692.50</b>

Debtor	<b>Worksite Labs, Inc., a Delaware corporation</b>	Case number (if known)	<b>2:23-bk-14539-VZ</b>
Name			
3.104	Nonpriority creditor's name and mailing address <b>Reliance Law Group 10000 Washington Blvd Flr 6 Culver City, CA 90232</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,493.00</b>
3.105	Nonpriority creditor's name and mailing address <b>Renov8Guam, inc., 800 S. Marine Corps Drive Tamuning 96913 Guam</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.106	Nonpriority creditor's name and mailing address <b>Rent A Square Inc - Uncle John 5308 13th Avenue Ste 376 brooklyn, NY 11219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.107	Nonpriority creditor's name and mailing address <b>RFSmart 3563 Philips Highway Ste F-601 Jacksonville, FL 32207</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.108	Nonpriority creditor's name and mailing address <b>Robert Driscoll 1111 Opal Street 15 Redondo Beach, CA 90277</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.109	Nonpriority creditor's name and mailing address <b>SalesCatcher LLC 2133 W Chapman Ave Suite L Orange, CA 92868</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$246,181.60</b>
3.110	Nonpriority creditor's name and mailing address <b>Sharrica Miller 12120 Koudekerk Street Artesia, CA 90701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Worksite Labs, Inc., a Delaware corporation**  
Name

Case number (if known)

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3.111	Nonpriority creditor's name and mailing address <b>Siemens Healthcare Diagnostics</b> <b>221 Gregson Dr</b> <b>Cary, NC 27511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$324,486.79</b>
3.112	Nonpriority creditor's name and mailing address <b>Solv Health Inc</b> <b>1423 Broadway</b> <b>Suite 312</b> <b>Oakland, CA 94612</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.113	Nonpriority creditor's name and mailing address <b>Staples, Inc.</b> <b>500 Staples Drive</b> <b>Framingham, MA 01702</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.114	Nonpriority creditor's name and mailing address <b>Stericycle Central</b> <b>2355 Waukegan Rd</b> <b>Bannockburn, IL 60015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.115	Nonpriority creditor's name and mailing address <b>Strategic Medical Properties, Inc</b> <b>1810 S El Camino Real</b> <b>Ste C</b> <b>San Clemente, CA 92672</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,569.70</b>
3.116	Nonpriority creditor's name and mailing address <b>Sunrise Dermatology, PLLC</b> <b>4 Pine Hollow Drive</b> <b>Henderson, NV 89052</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.117	Nonpriority creditor's name and mailing address <b>Swift West Emergency Care Inc</b> <b>940 Pearl Drive</b> <b>San Marcos, CA 92078</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	Name	Case number (if known)	2:23-bk-14539-VZ
3.118	<b>Nonpriority creditor's name and mailing address</b> <b>Teklehaimanot Abraha</b> <b>1090 B St</b> <b>162</b> <b>Hayward, CA 94541</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.119	<b>Nonpriority creditor's name and mailing address</b> <b>Tiffany Marie Porte</b> <b>PO BOX 8493</b> <b>Tamuning 96931</b> <b>Guam</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.120	<b>Nonpriority creditor's name and mailing address</b> <b>Timothy Ogata</b> <b>7803 East Walnut Ridge Road</b> <b>Orange, CA 92869</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.121	<b>Nonpriority creditor's name and mailing address</b> <b>Triple B Forwarders</b> <b>1511 Glenn Curtiss St</b> <b>Carson, CA 90746</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.122	<b>Nonpriority creditor's name and mailing address</b> <b>Twilio, Inc</b> <b>101 Spear St</b> <b>Ste 500</b> <b>San Francisco, CA 94105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Uline Shipping Supplies</b> <b>PO Box 88741</b> <b>Chicago, IL 60680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>United Site Services</b> <b>PO Box 660475</b> <b>Dallas, TX 75266-0475</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	Name	Case number (if known)	2:23-bk-14539-VZ
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Universal Baptist Church Inc</b> <b>742 Jefferson Avenue</b> <b>Brooklyn, NY 11221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>VELLAB</b> <b>PO BOX 39802</b> <b>Downey, CA 90239</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>Vernice Williams</b> <b>404A Hancock Street</b> <b>Brooklyn, NY 11216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>William Baer</b> <b>3210 James Drive</b> <b>Carlsbad, CA 92008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Williams Scotsman, Inc.</b> <b>901 S Bond St</b> <b>Ste 600</b> <b>Baltimore, MD 21231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.130	<b>Nonpriority creditor's name and mailing address</b> <b>WithumSmith+Brown, PC</b> <b>506 Carnegie Center, Suite 400</b> <b>Princeton, NJ 08540</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>WL Rich Hill LLC</b> <b>12709 91st Avenue</b> <b>Richmond Hill, NY 11418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



Debtor **Worksite Labs, Inc., a Delaware corporation**  
NameCase number (if known) **2:23-bk-14539-VZ**

3.132 Nonpriority creditor's name and mailing address

**Yosemite Pathology Medical Group  
PO BOX 981381  
WEST SACRAMENTO, CA 95798**

Date(s) debt was incurred \_\_

Last 4 digits of account number \_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?Last 4 digits of  
account number, if  
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 3,898,516.41
5c.	\$ 3,898,516.41

**Fill in this information to identify the case:**

Debtor name **Worksite Labs, Inc., a Delaware corporation**

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES  
DIVISION

Case number (if known) **2:23-bk-14539-VZ**

☐ Check if this is an  
amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*  
(Official Form 206A/B).

*Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with  
whom the debtor has an executory contract or unexpired  
lease**

2.1. State what the contract or  
lease is for and the nature of  
the debtor's interest

State the term remaining

List the contract number of any  
government contract

**See Attachment**

State what the contract or lease is for and the nature of the debtor's interest	State the term remaining	List the contract number of any government contract	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
Lease, Walnut Creek, CA E Operations	9/16/2025		Bass Medical Group 2637 Shadelands Drive Walnut Creek, CA 94598 925-932-6330
Lease, Walnut Creek, CA Suite G Operations	8/31/2025		Yosemite Pathology 4301 Northstar Way Modesto, California 95356 209-577-1200
Lease, Tukwila, WA Operations/Storage	12/31/2023		SEAPHX LL, LLC dba bkm Management Company 601 Strander Blvd. Tukwila, WA 98188 206-575-0765
Lease, Long Beach, CA Headquarters	12/31/2023		3777+ Partners 17434 Bellflower Blvd 300 Bellflower, California, 90706 562-427-4124
Lease, Placentia, CA Suite D Operations	11/30/2023		PR Properties 1241 N Lakeview Ave # F Anaheim, CA 92807 714-777-1468
Lease, Placentia, CA Suite B Operations	1/31/2024		PR Properties 1241 N Lakeview Ave # F Anaheim, CA 92807 714-777-1468
Lease, Las Vegas, NV Operations/Storage	8/31/2025		MCA Realty, Inc. 18818 Teller Avenue, Suite 250, Irvine, CA 92612 702-903-2665
Lease, Laguna Niguel Operations	7/31/2025		Shea Properties 130 Vantis Dr, Suite 200, Aliso Viejo, CA 92656 702-903-2665
Lease, Guam - GRMC Operations	24 months from Start		Guam Regional Medical City c/o Accounting Dept 133 Route 3 Dededo, Guam 96929 671-645-5500
Lease, Guam - Guam Medical Plaza Operations	24 months from Start		Pacific Investments Associates, LLC 1813 W Harvard, Ste. 431 Roseburg, OR 97470 541-464-4493
Lease, Guam - Yigo Operations	1/31/2025		Pay-Less Markets Inc 116 W. Chalan Santa Papa P.M. Calvo Bldg Hagatna, GU 96910 671-477-9266
Lease, Guam - Dededo Operations	1/31/2024		Pay-Less Markets Inc 116 W. Chalan Santa Papa P.M. Calvo Bldg Hagatna, GU 96910 671-477-9266
Lease, Queens, NY Operations/Storage	1/14/2024		Welner Associates 1127-09 91ST AVE RICHMOND HILL NY 11418 US 718-928-4775

Contract, ABBOTT LABORATORIES INC. Capital Equipment	5/1/2027		ABBOTT LABORATORIES INC 100 Abbott Park Road Abbott Park, IL 60064
Contract, Siemens Healthcare Diagnostics Capital Equipment	11/30/2026		Siemens Healthcare Diagnostics 511 Benedict Ave Tarrytown NY 10591
Contract, Beckman Coulter Capital Equipment	8/27/2025		Beckman Coulter 250 South Kraemer Boulevard P.O. Box 8000 Brea, CA 92821
Contract, Stericycle Inc. Waste Services	3/1/2026		Stericycle Inc 2355 Waukegan Rd. Bannockburn, IL 60015
Contract, Pacific Office Automation Capital Equipment	9/20/2026		Pacific Office Automation 12335 McCann Dr. Santa Fe Springs, CA 90670
Contract, Oracle America Inc. Software	10/17/2023		Oracle America Inc. 2300 Oracle Way Austin, TX 78741
Contract, Orchard Software Corporation Software	5/26/2025		Orchard Software Corporation Attn: Curt Johnson 701 Congressional Boulevard, Suite 360 Carmel, IN 46032
2021 Hyundai Santa Fe Lease Number 22-15572			Alliance Funding Group c/o Kenneth D. Peters, Esq. Dressler Peters, LLC 101 W. Grand Ave., Suite 404 Chicago, Illinois 60654
Alinity Processing Module Lease Number 22-16329			Alliance Funding Group c/o Kenneth D. Peters, Esq. Dressler Peters, LLC 101 W. Grand Ave., Suite 404 Chicago, Illinois 60654
2020 Honda CR-V Lease Number 22-17052			Alliance Funding Group c/o Kenneth D. Peters, Esq. Dressler Peters, LLC 101 W. Grand Ave., Suite 404 Chicago, Illinois 60654
GWT 8000 Series AFU w/60L recirc. Lease Number 22-17105			Alliance Funding Group c/o Kenneth D. Peters, Esq. Dressler Peters, LLC 101 W. Grand Ave., Suite 404 Chicago, Illinois 60654
Alinity Processing Module Lease Number 22-17471			Alliance Funding Group c/o Kenneth D. Peters, Esq. Dressler Peters, LLC 101 W. Grand Ave., Suite 404 Chicago, Illinois 60654
Alinity C Processing Module Lease Number 22-17473			Alliance Funding Group c/o Kenneth D. Peters, Esq. Dressler Peters, LLC 101 W. Grand Ave., Suite 404 Chicago, Illinois 60654

**Fill in this information to identify the case:**Debtor name **Worksite Labs, Inc., a Delaware corporation**United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES  
DIVISIONCase number (if known) **2:23-bk-14539-VZ**☐ Check if this is an  
amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

## Fill in this information to identify the case:

Debtor name Worksite Labs, Inc., a Delaware corporationUnited States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES  
DIVISIONCase number (if known) 2:23-bk-14539-VZ☐ Check if this is an  
amended filing

## Official Form 207

## Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

## Part 1: Income

## 1. Gross revenue from business

☐ None.Identify the beginning and ending dates of the debtor's fiscal year,  
which may be a calendar yearFrom the beginning of the fiscal year to filing date:  
From 1/01/2023 to Filing DateSources of revenue  
Check all that apply☒ Operating a business☐ Other \_\_\_\_\_Gross revenue  
(before deductions and  
exclusions)\$4,723,719.49For prior year:  
From 1/01/2022 to 12/31/2022☒ Operating a business☐ Other \_\_\_\_\_\$54,144,570.90For year before that:  
From 1/01/2021 to 12/31/2021☒ Operating a business☐ Other \_\_\_\_\_\$47,488,149.00

## 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from  
each source  
(before deductions and  
exclusions)

## Part 2: List Certain Transfers Made Before Filing for Bankruptcy

## 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

Debtor **Worksite Labs, Inc., a Delaware corporation**Case number (if known) **2:23-bk-14539-VZ**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. <b>See Attachment</b>		<b>\$0.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Craig Beam</b> <b>9971 Deerhaven Dr.</b> <b>Santa Ana, CA 92705</b> <b>Owner</b>		<b>\$125,000.00</b>	<b>Salary; 26 biweekly payments</b>
4.2. <b>Gary Frazier</b> <b>2357 Cedar Ave</b> <b>Long Beach, CA 90806</b> <b>Owner</b>		<b>\$187,600.00</b>	<b>Salary; 26 biweekly payments</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

<b>Name</b>	<b>Amount Paid</b>
Mountain Ridge	\$ 1,832,634.12
Gusto	\$ 1,368,404.20
Lendspark	\$ 235,800.00
Anthem	\$ 151,976.45
Medical Practice Partner Llc	\$ 130,331.96
Salescatcher Llc	\$ 109,526.96
OM Healthcare	\$ 105,000.00
Randstad Healthcare	\$ 105,000.00
Rapid Acceleration Partners	\$ 76,920.00
Abbott	\$ 71,500.00
Rebuild California Alliance	\$ 70,775.00
Alliance Funding Group	\$ 70,313.76
Dotted Line	\$ 70,000.00
CG Capital	\$ 60,000.00
Mindful Financial	\$ 56,890.00
Reliance Law Group	\$ 51,620.50
Aleph	\$ 50,000.00
United Airlines	\$ 41,727.81
Strategic Medical Properties, Inc	\$ 40,820.61
First Insurance	\$ 40,788.10
Bedside and Beyond	\$ 37,694.56
Timothy Ogata	\$ 35,386.73
Greenberg Traurig	\$ 35,000.00
Google	\$ 31,017.72
Canary	\$ 29,789.63
NextGen Healthcare	\$ 27,719.99
Jennifer Artero	\$ 26,222.96
Glen Arbor CAPITAL	\$ 25,000.00
Life Technologies Corporation	\$ 23,204.50
Stericycle	\$ 22,325.83
Atila	\$ 19,054.38
Core Tech Investments	\$ 18,374.19
Basic Benefits	\$ 16,928.71
Market Research & Development	\$ 15,844.87
Intercompany Transfer	\$ 15,000.00
Cobalt Equipment, Inc.	\$ 12,666.67
Lumiradx, Inc	\$ 12,500.00
Gregory Hassell	\$ 12,320.00
Hanna Construction	\$ 12,100.00
Lara Dalinsky	\$ 12,000.00
MCA Property Management	\$ 11,522.41
Naor Ventura	\$ 11,250.00
Adit Parasuram	\$ 10,692.21
pVerify, Inc.	\$ 10,438.10
Telephone	\$ 10,125.00
BairesDev	\$ 10,000.00
Madhu Augustine	\$ 10,000.00



Mobile Fuse LLC	\$	10,000.00
McKesson	\$	9,575.08
Gundry Partners	\$	9,389.34
Joe Fieck	\$	8,797.50
Fast Signs of Long Beach	\$	8,235.69
Ernestine Melecio	\$	8,000.00
Hubspot Inc.	\$	7,620.00

Debtor **Worksite Labs, Inc., a Delaware corporation**Case number (if known) **2:23-bk-14539-VZ**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>911 Covid Testing v. WSL 23STCV01706</b>	<b>Contract dispute</b>	<b>Superior Court of the State of California for the County of LA 312 N. Spring Street Los Angeles, CA 90012</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	<b>Hospitals of Hope 3545 N. Santa Fe Street Wichita, KS 67219</b>	<b>Mobile laboratory unit</b>	<b>3/16/2023</b>	<b>\$38,000.00</b>
	Recipients relationship to debtor			

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss  If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
<b>Stolen generator</b>	<b>\$28,359.00</b>	<b>4/3/2023</b>	<b>\$28,359.00</b>

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Worksite Labs, Inc., a Delaware corporation**Case number (if known) **2:23-bk-14539-VZ**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Levene Neale Bender Yoo &amp; Golubchik LLP</b> <b>2818 La Cienega Avenue</b> <b>Los Angeles, CA 90034</b>			<b>\$50,000.00</b>
	Email or website address <b>www.lnbyg.com</b>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	<b>Clinic in a Can</b> <b>9745 E. 50th Street N.</b> <b>Bel Aire, KS 67226</b>	<b>Sale of mobile laboratory</b>	<b>4/2022</b>	<b>\$38,000.00</b>
	Relationship to debtor			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	<b>See Attachment</b>	

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Street	City	State	Zip Code	Date of Occupancy FROM	Date of Occupancy TO
738 Jefferson Ave., Brooklyn, NY 11221	Brooklyn	NY	11221	6/7/2021	7/1/2023
89-40 133rd Street, Richmond Hill, New York 11418 (~13,000 SF parking lot)	Queens	NY	11418	5/15/2021	5/14/2023
132-02 89th Ave. Richmond Hill, NY 11418 – Suite #103	Queens	NY	11418	5/15/2021	MTM
2450 Del Paso Road (40 parking spaces)	Sacramento, CA	CA	95834	12/1/2021	6/1/2022
Portion of Lot DD (33,984 sf) & Berman Reflection Room (Terminal, 2,700 sf)	San Francisco, CA (Airport)	CA	94128	8/1/2021	6/1/2023
1595 Van Ness Ave (parking lot and use of interior bldg. area)	San Francisco, (Van Ness)	CA	94109	1/31/2021	1/31/2023
2470 Airport Blvd	San Jose	CA	95110	12/1/2020	4/30/2022
8235 NE Airport Way, Portland, OR 97220	Portland	OR	97220	12/1/2021	1/31/2023
16025 International Blvd.,	Sea Tac	WA	98188	9/1/2021	5/30/2022
19820 International Blvd	Sea Tac	WA	98188	6/1/2022	5/31/2023
849 Industry Dr., Tukwila (1,789 SF)	Tukwila	WA	98188	1/1/2022	12/31/2023
parking lot bound by Donald Douglas Dr. & North Lakewood Blvd. ("Rental Car Storage Lot")	Long Beach	CA	90808	12/1/2021	1/31/2023
3777 Long Beach Blvd, Suite 260, Long Beach 90807 (1,735 sf)	Long Beach	CA	90807	1/8/2022	12/31/2023
1890 E. Miraloma Ave, #D, Placentia (1,220 SF)	Placentia	CA	92870	12/1/2021	11/30/2023
1890 E. Miraloma Ave, #B, Placentia (1,200 SF)	Placentia	CA	92870	2/1/2022	1/31/2024
3298 Kettner Blvd. Parking Lot Level P4	San Diego, CA	CA	92101	1/1/2022	11/30/2022
Part of Lot H & Cell Phone Lot	Austin TX	TX	78719	1/1/2022	1/15/2023
4500 Tropicana Ave, Las Vegas, NV 89103	Las Vegas	NV	89103	9/1/2021	12/31/2022
3025 S 48th St, Phoenix, plus use of 2nd floor of on- site office building	Phoenix	AZ	85040	1/1/2022	6/30/2022
11022 Aviation Blvd	Los Angeles (airport)	CA	90045	3/1/2022	11/30/2022
7722 Avalon Blvd.	South Los Angeles	CA	90003	7/25/21	MTM
2637 Shadelands Drive, Walnut Creek, CA 94598 (3,098 sf)	Walnut Creek	CA	94598	9/17/2022	9/16/2025
2637 Shadelands Dr, Suite G (1,709 sf)	Walnut Creek	CA	94598	2/21/2022	8/31/2025
849 Industry Dr., Tukwila (1,789 SF)	Tukwila	WA	98188	1/1/2022	12/31/2023
3777 Long Beach Blvd, Suite 260, Long Beach 90807 (1,735 sf)	Long Beach	CA	90807	1/8/2022	12/31/2023
1890 E. Miraloma Ave, #D, Placentia (1,220 SF)	Placentia	CA	92870	12/1/2021	11/30/2023
1890 E. Miraloma Ave, #B, Placentia (1,200 SF)	Placentia	CA	92870	2/1/2022	1/31/2024
3140 Polaris #1, 2, 49, 50 (4,101 SF)	Las Vegas	NV	89102	9/1/2022	8/31/2025
30271 Golden Lantern, Suite A, Laguna Niguel, CA	Laguna Niguel	CA	92677	8/1/2023	7/31/2025
13 3 Dededo, Rm LA-301	Guam - GRMC		96929	TBD	24 months from
633 Gov. Carlos Camacho Rd, Ste.100	Guam - Tamuning		96913	TBD	24 months from Start
525 Chalon Ramon Haya,	Guam - Yigo		96929	TBD	1/31/2025
214 W. Marine Dr.	Guam - Dededo		96929	2/1/2022	1/31/2024
261 Loomis Street	San Francisco	CA	94124	10/31/20	8/13/21
200 N. Main Street	Las Vegas	NV	89101	11/27/20	8/21/21
6695 Green Valley	Culver City	CA	90230	11/26/20	9/30/21
2450 Del Paso Rd Suite 110	Sacramento	CA	95834	6/1/22	3/30/23
66 Airport Access Road,	Oakland	CA	94603	5/1/2021	1/31/2022

Debtor **Worksite Labs, Inc., a Delaware corporation**Case number (if known) **2:23-bk-14539-VZ****Facility name and address****Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**15.1. **See attached****Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.****Electronically****How are records kept?***Check all that apply:*☒ Electronically☐ Paper**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**Electronically**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Empower**

Employer identification number of the plan

EIN: **85-1054301**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None**Financial Institution name and Address****Last 4 digits of account number****Type of account or instrument****Date account was closed, sold, moved, or transferred****Last balance before closing or transfer****19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Services	Street	City	State	Zip Code	Date of Occupancy FROM	Date of Occupancy TO	Patient Records
Office	3777 Long Beach Blvd, Suite 260, Long Beach 90807 (1,735 sf)	Long Beach	CA	90807	1/8/2022	12/31/2023	Electronic Portal/Cloud
Laboratory	1890 E. Miraloma Ave, #D, Placentia (1,220 SF)	Placentia	CA	92870	12/1/2021	11/30/2023	Electronic Portal/Cloud, and File Cabinet
Laboratory	1890 E. Miraloma Ave, #B, Placentia (1,200 SF)	Placentia	CA	92870	2/1/2022	1/31/2024	Electronic Portal/Cloud
Clinical	7722 Avalon Blvd.	South Los Angeles	CA	90003	7/25/21	MTM	Electronic Portal/Cloud
Laboratory and Clinical	2637 Shadelands Drive, Walnut Creek, CA 94598 (3,098 sf)	Walnut Creek	CA	94598	9/17/2022	9/16/2025	Electronic Portal/Cloud, and File Cabinet
Laboratory	2637 Shadelands Dr, Suite G (1,709 sf)	Walnut Creek	CA	94598	2/21/2022	8/31/2025	Electronic Portal/Cloud
Laboratory and Warehouse Storage	3140 Polaris #1, 2, 49, 50 (4,101 SF)	Las Vegas	NV	89102	9/1/2022	8/31/2025	Electronic Portal/Cloud
Clinical	214 W. Marine Dr.	Guam - Dededo		96929	2/1/2022	1/31/2024	Electronic Portal/Cloud and File Cabinet

Debtor Worksite Labs, Inc., a Delaware corporationCase number (if known) 2:23-bk-14539-VZ☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
See Attachment	-		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Facility Name	Facility Address	Names of Anyone Who Has Access	Description of Contents	Is the Storage Facility Still Active? (YES OR NO)
Clinic in a Can	9745 East 50th Street North, Bel Aire, KS 67226	Out of State; Clinic in a Can Staff	Lab Containers	YES
Lock and Leave Storage at Placentia	550 Richfield Rd, Placentia, CA 92870	Placentia Staff (Various)	Lab Supplies	YES



Debtor **Worksite Labs, Inc., a Delaware corporation**Case number (if known) **2:23-bk-14539-VZ**

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

25.1. **Aleph LLC****Clinical medical laboratory**EIN: **87-2178869**From-To **5/09/22 to Present****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

Name and address

Date of service  
From-To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Date of service  
From-To26b.1. **Stephens, Reidinger & Beller, LLP**  
**1301 Dove Street, #890**  
**Newport Beach, CA 92660****2020 to 2022**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are  
unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Various Parties**  
**(to gain credit for operations)****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

Debtor **Worksite Labs, Inc., a Delaware corporation**Case number (if known) **2:23-bk-14539-VZ**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Enrique Vbiadas	5/5/23	\$2,538,121.24

Name and address of the person who has possession of inventory records

Enrique Vbiadas  
3777 Long Beach Blvd, Unit 260  
Long Beach, CA 90807

27.2	Enrique Vbiadas	6/6/23	\$2,589,822.21
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Name and address of the person who has possession of inventory records

Enrique Vbiadas  
3777 Long Beach Blvd, Unit 260  
Long Beach, CA 90807

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Gary Frazier	2357 Cedar Avenue Long Beach, CA 90806	Owner	

Name	Address	Position and nature of any interest	% of interest, if any
Craig Beam	9971 Deerhaven Drive Santa Ana, CA 92705		

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Gary Frazier 2357 Cedar Avenue Long Beach, CA 90806	\$187,600	Bi-weekly	Salary
	Relationship to debtor Owner			

Debtor Worksite Labs, Inc., a Delaware corporationCase number (if known) 2:23-bk-14539-VZ

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	<b>Craig Beam</b> 9971 Deerhaven Drive Santa Ana, CA 92705	\$125,000.00	Bi-weekly	Salary
	Relationship to debtor Owner			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

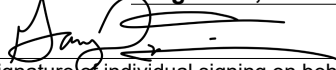
Employer Identification number of the pension fund

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 16, 2023  
Signature of individual signing on behalf of the debtorGary Frazier  
Printed namePosition or relationship to debtor Chief Executive OfficerAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Central District of California - Los Angeles Division**

In re **Worksite Labs, Inc., a Delaware corporation**

Debtor(s)

Case No. **2:23-bk-14539-VZ**

Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>200,000.00*</b>
Prior to the filing of this statement I have received .....	\$	<b>50,000.00</b>
Balance Due .....	\$	<b>150,000.00</b>

2. \$ **1,739.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]

**Advising the Debtor with regard to the requirements of the Bankruptcy Court, Bankruptcy Code, Bankruptcy Rules and the Office of the United States Trustee as they pertain to the Debtor; advising the Debtor with regard to certain rights and remedies of its bankruptcy estate and the rights, claims and interests of creditors; representing the Debtor in any proceeding or hearing in the Bankruptcy Court involving its estate unless the Debtor is represented in such proceeding or hearing by other special counsel; conducting examinations of witnesses, claimants or adverse parties and representing the Debtor in any adversary proceeding except to the extent that any such adversary proceeding is in an area outside of LNBYB's expertise or which is beyond LNBYB's staffing capabilities; preparing and assisting the Debtor in the preparation of reports, applications, pleadings and orders including, but not limited to, applications to employ professionals, interim statements and operating reports, initial filing requirements, schedules and statement of financial affairs, lease pleadings, cash collateral pleadings, financing pleadings, and pleadings with respect to the Debtor's use, sale or lease of property outside the ordinary course of business; representing the Debtor with regard to obtaining use of debtor in possession financing and/or cash collateral including, but not limited to, negotiating and seeking Bankruptcy Court approval of any debtor in possession financing and/or cash collateral pleading or stipulation and preparing any pleadings relating to obtaining use of debtor in possession financing and/or cash collateral; assisting the Debtor in the negotiation, formulation, preparation and confirmation of a plan of reorganization and the preparation and approval of a disclosure statement in respect of the plan; and performing any other services which may be appropriate in LNBYB's representation of the Debtor during its bankruptcy case.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Matters which are outside of LNBYB's specialization**

**\* Prior to the bankruptcy filing, the Debtor and LNBYG agreed to a retainer of \$200,000 ("Retainer") which the Debtor did not have in its accounts based on the daily sweeps from its lender. As a result, the parties agreed to a pre-petition retainer of \$50,000 plus filing fee of \$1,739 and a post-petition retainer of \$150,000 from financing which the Debtor intended to seek approval of. As a result, pre-petition, LNBYG received a retainer of \$51,739, inclusive of the filing fee, which was paid by the Debtor. LNBYG exhausted approximately \$13,112.50 of the Retainer prior to the commencement of the case, leaving a retainer on the Petition Date of \$36,887.50.**

In re Worksite Labs, Inc., a Delaware corporation  
Debtor(s)

Case No. 2:23-bk-14539-VZ

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 16, 2023

*Date*

/s/ Anthony A. Friedman

**Anthony A. Friedman**

*Signature of Attorney*

**Levene, Neale, Bender, Yoo & Golubchik L.L.P**

**2818 La Cienega Avenue**

**Los Angeles, CA 90034**

**(310) 229-1234**

**aaf@lnbyg.com**

*Name of law firm*

F 1007-4.CORP.OWNERSHIP.STMT

**[Check the appropriate boxes and, if applicable, provide the required information.]**

1. I have personal knowledge of the matters set forth in this Statement because:
- ☐ I am the president or other officer or an authorized agent of the Debtor corporation
  - ☐ I am a party to an adversary proceeding
  - ☐ I am a party to a contested matter
  - ☒ I am the attorney for the Debtor corporation
- 2.a. ☐ The following entities, other than the debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:  
*[For additional names, attach an addendum to this form.]*
- b. ☒ There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

**August 16, 2023**

Date

By: **/s/ Anthony A. Friedman**

Signature of Debtor, or attorney for Debtor

Name: **Anthony A. Friedman**

Printed name of Debtor, or attorney for Debtor